FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT # 1. Corporation Name K89721 (0)

ECLE	ECTIC ENTERPRISES, INC.					
Principal P	Place of Business	Mailing Address				.031 Q4011 B1011 B1011 B1011 B1611 D1811 1001
% LEE M. JOEB 1001 LAKE CHARLES CIRCLE 1001 LAKE CHARLES LUTZ FL 33549 **LEE M. JOEB 1001 LAKE CHARLES LUTZ FL 33549		IRCLE		DO NOT WRITE IN	I THIS SPACE	
					3. Date Incorporated or Qualified	
6 Principa	ol Plana of Business	2a. Mailing Address			05/16/1989 4. FEI Number	14Part Car
		⊢ ř			59-2951852	Applied For Not Applicable
		Suite, Apt. #, etc.				\$8.75 Additional
22 27		27			5. Certificate of Status Desired L	Fee Required
City & State City &		City & State	<u> </u>		6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country		8. This corporation owes or has paid to	
24	25 9. Name and Address of Cu	reent Registered Agent	30		Personal Property Tax due June 30 10. Name and Address of New Regis	
		Helit Gellsteied Waelit	81 Na	ame	10, Name and Address of New Negis	veled Whenr
	JOEB, LEE M.					
1001 LAKE CHARLES CIRCLE			82 St	reet Address	s (P.O. Box Number is Not Acceptable)	!
	LUTZ FL 33549		83			
			<u> </u>			
			84 Ci	ity		EL 85 Zip Code
11. Pursua office o agent. SIGNATUR	Fam familiar with, and accept the of	0502 and 607.1508, Florida Statut tate of Florida. Such change was a bligations of, Section 607.0505, Flo	es, the above-nar authorized by the orida Statutes.	med corporation	ation submits this statement for the purp is board of directors. I hereby accept the	pose of changing its registered the appointment as registered
SIGNATOR	Signature, typed or printed name of registered	d agent and title if applicable (NOTI	E Registered Agent sig	nature required w	when reinstalling)	DATE
12.	· · · · · · · · · · · · · · · · · · ·	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICER	
TITLE	D	DELETE	1.1 TITLE	ł		Change Addition
NAME	0000, 0		1.2 NAME			
STREET ADDRES	1011 - 1110 - 1111	CLE	1.3 STREET ADDR			
CITY-ST-ZIP	LUTZ FL	DELETE	1.4 CHY-ST-ZIP	<u>`</u>		Change Addition
TITLE	D		2.1 TITLE			Crange C Adoktion
NAME STREET ADDRES	JOEB, LEE M. ss 1001 LAKE CHARLES CIR	^I E	2.2 NAME 2.3 STREET ADDR	200		
CITY-ST-ZIP	LUTZ FL	OLE .	2.4 CITY-ST-ZIF			
TITLE	LOIZIE	DELETE	3.1 TITLE	-		Change Addition
NAME		_	3.2 NAME			·•• ··
STREET ADDRES	ss		3.3 STREET ADDR	RESS		
CITY-\$T-ZIP			3.4. CITY - ST - ZIP		•	
TITLE	DELETE		4.1 TITLE			☐ Change ☐ Addition
NAME			4. 2 NAME	1		
STREET ADDRES	ss		4.3 STREET ADDR	RESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP	,		
TITLE		DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRES	55		5.3 STREET ADDR	RESS		
CITY-ST-ZIP		····	5.4 CITY - ST- ZIP			
TITLE		☐ DELETE	6.1 TITLE			☐ Change ☐ Addition
NAME			6.2 NAME			
STREET ADDRES	ss		6.3 STREET ADDR			
CITY-ST-ZIP	1		64 CITY-ST-7/P	.		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

LEE M. JOEB

(813) 251-1010

FILED

Mar 20 1998 8:00am

Secretary of State